

Direct Care

Direct care programs are responsible for juveniles committed to DJJ, ensuring that they receive treatment and educational services while in a safe and secure setting. As of June 30, 2013, DJJ operated four JCCs (Beaumont JCC, Bon Air JCC, Culpeper JCC, and RDC) and two halfway houses (Abraxas House and Hampton Place) with a combined operating capacity of 758 beds.

Due to budget constraints and a decreasing juvenile population, DJJ resolved in FY 2013 to repurpose Hanover and Oak Ridge JCCs. Juveniles at Hanover JCC were moved to other facilities by April 19, 2013, based on classification levels and treatment needs. The program at Oak Ridge JCC, which serves juveniles with low intellectual functioning, was relocated to an autonomous section of Beaumont JCC on March 20, 2013. Program participants continue to receive specialized services separate from Beaumont JCC's general population. Hanover JCC's buildings and grounds were repurposed into a statewide public safety training academy, and RDC moved into the former Oak Ridge JCC building on June 12, 2013. (See page 2 for a description of Hanover's repurposing and Appendix D for the operating capacities of all direct care facilities.)

JCCs

BSU, Health Services, Youth Industries, Food Services, and Maintenance provide support to the JCCs. DJJ's Division of Education provides educational and vocational services to meet the needs of committed juveniles. Programs within the JCCs offer community reintegration and specialized services in a secure residential setting.

Case management and treatment program staff provide oversight of treatment needs, security requirements, LOS, and facility placements while in direct care. Staff facilitate psycho-educational groups, assess progress achieved, and manage classifications and residential placements. They are responsible for ensuring that all needed services (including mental health, substance abuse, sex offender, aggression management, and independent living skills development) are available and operational at the facilities, and they serve as a liaison between the field and the administrative offices for procedures and resources. These staff also work with the community to provide a transition and parole plan for re-entry.

Detention re-entry is provided to some juveniles in direct care to transition back to the JDC in their communities before release. Although these juveniles are housed in the JDCs, they are counted in the direct care popula-

tion of RDC and not the JDC population. The detention re-entry ADP for FY 2013 was two juveniles.

In FY 2013, DJJ revised the programming of its administrative segregation units to better meet the behavior management needs of committed juveniles. The newly-created IBR Units replaced administrative segregation units in June 2013.

RDC

DJJ operates a centralized evaluation and classification process at RDC. This JCC serves as the central intake facility for juveniles committed to DJJ. With the primary function of orientation, evaluation, and classification of juveniles, evaluations provided at RDC include medical, psychological, behavioral, educational/vocational, and sociological. Juveniles are typically housed at RDC for three to four weeks. At the conclusion of the evaluation process, a team of evaluators meets to discuss each case to determine treatment needs, LOS, classification, re-entry services, mental health transitioning, and placement recommendations. From RDC, juveniles are transferred to their designated JCCs.

Division of Education

In 2012, House Bill 1291 and Senate Bill 678, the Governor's Omnibus Government Reform bills, abolished DCE and the Board of Correctional Education. Virginia's responsibility to provide committed juveniles with educational services was transferred to DJJ on July 1, 2012.

DJJ's Division of Education operates the Yvonne B. Miller High School as an LEA, providing educational and vocational instruction at each JCC. Previously operated as separate schools at each JCC, the single school system with facility campuses, established on August 20, 2012, provides an opportunity to consolidate and adapt programs for the declining population of committed juveniles. The school is staffed by administrators and teachers who are licensed by the Virginia Department of Education.

Juveniles' school records are forwarded to RDC upon notification of commitment to DJJ. All juveniles who have not earned a high school diploma or GED are evaluated at RDC and placed in an educational program based on their academic history.

Juveniles on the high school graduation track can earn credits in classes at the middle school or high school level. They are able to participate in an accelerated schedule that allows over-age, credit-deficient juveniles to catch up with their peers by earning credits more quickly than



they would in their community schools. In addition, juveniles who are 18 years of age or older may enroll in classes that will prepare them to participate in GED testing. DJJ's Division of Education also offers CTE courses in 16 trade areas. Each program is designed to provide juveniles with the required job tasks and employability skills that will allow them to obtain and maintain employment when released from the facilities.

BSU

BSU is the organizational unit responsible for providing clinical treatment services to juveniles at the JCCs. The primary services provided by BSU staff include mental health, aggression management, substance abuse, and sex offender treatment, as well as intake psychological evaluations and pre-release risk assessments.

Mental Health Services: At RDC, BSU conducts comprehensive psychological evaluations of all juveniles committed to DJJ. At each facility, BSU provides 24-hour crisis intervention; individual, group, and family therapy; mental status evaluations; case consultations and development of individualized behavior support protocols; program development and implementation; and staff training. Three JCCs have ISUs for juveniles whose mental health needs do not allow them to function effectively in the general population of the facilities. Risk assessments are completed for all serious and major offenders when they are considered for release.

Aggression Management Treatment: Evidence-based aggression management treatment services are provided in specialized units as well as in the general population from multi-disciplinary treatment teams consisting of mental health professionals, counselors, and security staff. Juveniles must complete core objectives that address anger control, moral reasoning, and social skills as well as demonstrate aggression management in their environment. Depending on individual needs, treatment completion generally requires approximately four months.

Substance Abuse Treatment: Evidence-based, cognitive-behavioral substance abuse treatment services are provided in specialized treatment units and in the general population. Treatment emphasizes motivation to change, drug and alcohol refusal skills, addiction and craving coping skills, relapse prevention, problem solving, effective communication, transition to the community, and other skills. Depending on individual needs, completion of substance abuse treatment services requires five weeks to six months.

Sex Offender Treatment: Evidence-based, cognitive-behavioral sex offender evaluation and treatment services are provided in specialized treatment units and in the

general population. Juveniles in sex offender treatment units receive intensive treatment from a multi-disciplinary treatment team that includes a unit manager, counselor, psychologist, and social worker. Specialized sex offender treatment units offer an array of services, including individual, group, and family therapy. Each juvenile receives an individualized treatment plan that addresses programmatic goals, competencies, and core treatment activities. Successful completion of sex offender treatment may require 6 to 36 months depending on treatment needs, behavioral stability, and motivation of the juvenile. The median treatment time is approximately 18 months.

Other Programs

DJJ developed a four-year strategic plan in 2010 for the re-entry initiative with the mission to promote public safety and accountability by implementing a seamless plan of services for each juvenile for a successful transition and reintegration into the community. Beginning at admission, programs in the JCCs focus on this initiative. A selection of these programs are described below:

Female Transition and WERP Unit: Bon Air JCC operates a transition and WERP unit for its female population. Female WERP and intake juveniles share a unit that has been modified to provide a specialized area for recreation and leisure. Each juvenile in the unit has an individual bedroom.

Mentoring Project: DJJ, with the Virginia Mentoring Partnership, developed a Mentoring Project in the Richmond-metro area to provide juveniles with a structured and trusting relationship. It pairs a juvenile with a mentor 120 days prior to release, and the mentor continues to meet with the juvenile for six months after release.

MHSTPs: For those juveniles with mental health needs, the counselor, BSU therapist, PO, juvenile, juvenile's family, and community services providers collaborate to develop an MHSTP for the juvenile to provide a seamless transition from the facility to the community with no lapse in mental health services.

REACH: DJJ's behavior management program used in the JCCs provides juveniles with the knowledge, skills, and abilities necessary for rehabilitation, positive growth, and behavioral change. The program focuses on reinforcing desired behaviors, tracking inappropriate behaviors, providing feedback, and using a system of phases through which juveniles can advance. REACH is used in all of the JCCs with the exception of the Oak Ridge Program, which operates a separate behavior modification program based on a token economy.



REEP: REEP is a cooperative initiative between DJJ and the Peninsula Area Worklink, a workforce investment board that serves the Hampton, Newport News, and Williamsburg areas. The One-Stop sites within Beaumont and Culpeper JCCs allow juveniles to participate in job training and to access job-search services both before and after release.

Second Chance Act Grant for Re-Entry: DJJ, with Tidewater Youth Services Commission, received a grant award from the Office of Justice Programs at DOJ for a Juvenile Offender Re-Entry Demonstration Project. The project serves high- and moderate-risk parolees up to the age of 21 from the Tidewater area. The grant supports a comprehensive range of services and provides for graduated re-entry options. The program is grounded in research-based principles and implements evidence-based modalities targeting criminogenic needs.

WERP: WERP accommodates 12 male juveniles and provides education and work experience outside the JCC. The purpose of WERP is to afford juveniles opportunities to successfully transition back to the community by providing employability skills, job placement in the community, life skills training, and transitional living. Wages earned by WERP participants are initially used to pay any restitution, fines, or court costs, with any remaining wages credited to the juveniles' accounts.

Youth Industries: Youth Industries participants engage in employment provided both on the JCC grounds and in local communities through agreements with state and local government agencies, private employers, foundations, and charitable organizations. Fields of study vary at each JCC and include horticulture, silk screening, offset printing, food services, immediate assembly, electrical, barbering, embroidery, vinyl sign-making, and advertising and design. Youth Industries works with the state's One-Stop centers to help secure employment and other needed services for these juveniles. If warranted, participating juveniles are modestly compensated based on work-training hours completed or receive an established piecework rate. Fields of study may also be integrated with an apprenticeship program.

Health Services

The Health Services Unit provides quality healthcare services to juveniles in the JCCs. DJJ maintains a staff of physicians, dentists, and nurses on-site who provide assessment, treatment, and care to meet the medical and dental needs of the population housed in the facilities. In addition, contracted psychiatrists and optometrists provide healthcare services to the juveniles. On-site staff are supplemented by a network of hospitals, physicians, and transport services to ensure all medically necessary

healthcare services delivered are consistent with the community standards.

Security and Operations

Security, which involves both public safety and the safety of the juveniles and staff, is facilitated by JCOs under SOPs that establish how facilities and services are to operate on a 24-hour basis. DJJ uses an objective classification system to enable staff to periodically assess juveniles' appropriate security and custody levels and assign them to appropriate housing placements within a facility based on classification level, age, sex, and other factors. (See Appendices E and F.)

As a safeguard for the juveniles, a grievance process is in place in the facilities through the Ombudsman Program. The purpose of the program is to provide a strong system of advocacy for committed juveniles. The program is staffed by an agency-wide ombudsman and grievance coordinators assigned to each JCC. By monitoring conditions of confinement and service delivery systems, the program helps identify and solve problems with the potential to cause harm or impede rehabilitative efforts. It helps protect the rights of juveniles; promotes system accountability; and helps ensure safe, humane, and lawful living conditions. The ombudsman and grievance coordinators operate independently from the facilities in order to provide juveniles with an outlet for addressing issues for which they have expressed concern.

Halfway Houses

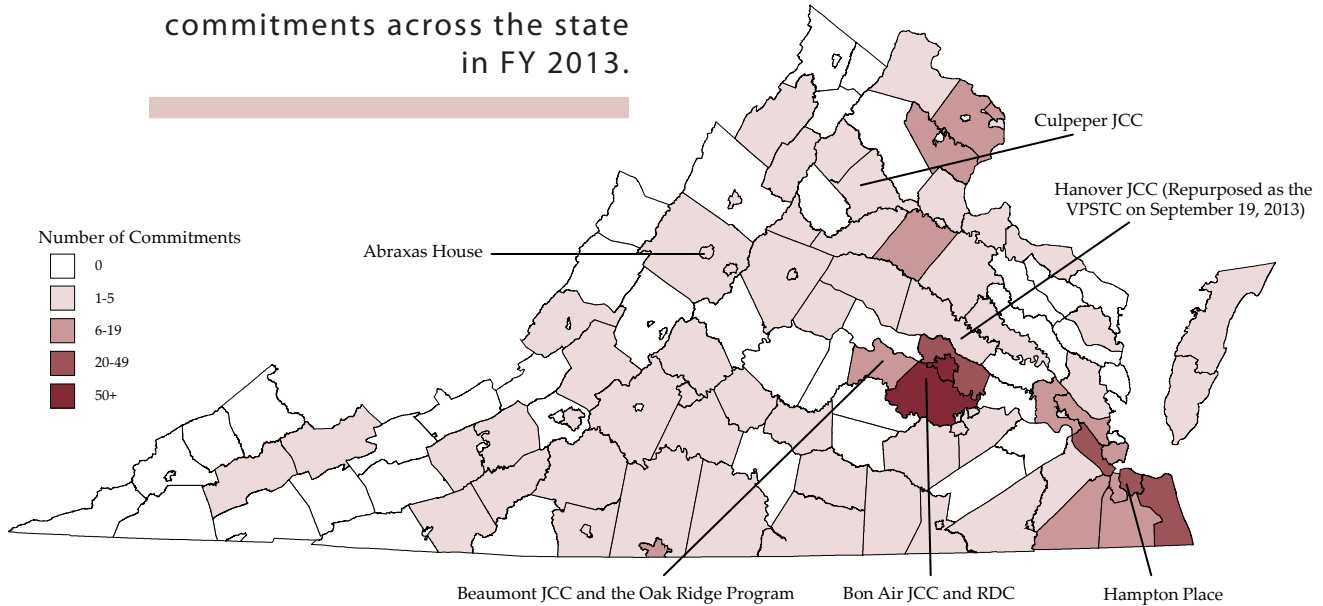
In FY 2013, DJJ operated two juvenile halfway houses, Abraxas House in Staunton and Hampton Place in Norfolk, to address transitional needs of juveniles who were released from JCCs. Prior to FY 2013, juveniles were placed on parole supervision during their stay at the halfway houses. Between May and July of 2012, the halfway houses were closed for renovations, security upgrades, and staff training. New residents in FY 2013 remained under direct care status during their stay at the halfway houses.

The purpose of a halfway house is to provide transitional living for juveniles who would benefit from services in this type of placement. Juveniles learn independent living skills and are required to enroll in school, work toward a GED, or maintain gainful employment. Supportive relapse prevention services are provided by public or private vendors for juveniles with identified substance abuse and sex offender treatment needs. Upon completion of a halfway house stay, most juveniles return to their families or live independently.



Commitments by Locality, FY 2013*

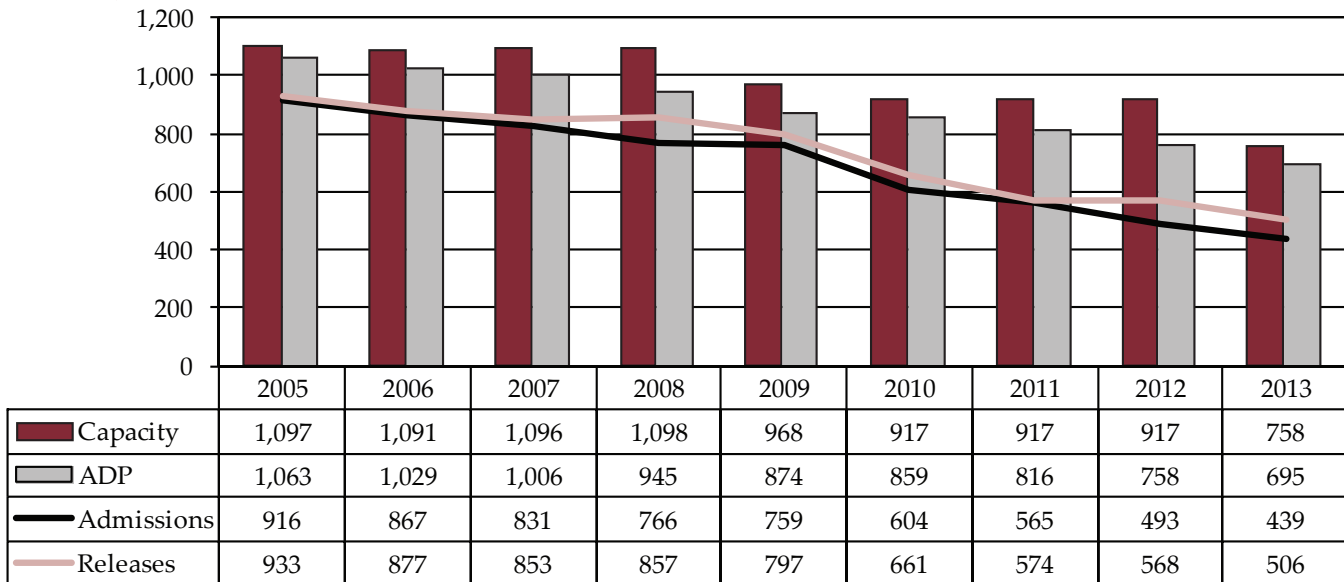
The map shows the locations of the direct care facilities and the distribution of commitments across the state in FY 2013.



* Two commitments resulted from offenses at a JCC for which dispositions were referred to the original district (CSU 2: 1; CSU 14: 1). Forty-five commitments resulted from offenses at a JCC for which dispositions remained in the JCC's district (CSU 11: 6; CSU 12: 39).

» CSUs 12 and 13 committed the highest number of juveniles (66 and 57, respectively) during FY 2013.

Capacity, ADP, Admissions, and Releases, FY 2005-2013*



* Data include alternative placements, which were available through FY 2009. Only FY 2013 data include halfway houses.

- » Due primarily to facility closures, capacity decreased 30.9% between FY 2005 and FY 2013.
- » ADP decreased 34.6% between FY 2005 and FY 2013.
- » Admissions decreased 52.1% between FY 2005 and FY 2013.
- » Releases decreased 45.8% between FY 2005 and FY 2013.

Canceled, rescinded, and successfully appealed commitments are not included except for in the ADP.



Capacity and ADP, FY 2013*

Facility	Capacity	ADP On-Site	ADP Off-Site	ADP Total
Beaumont	234	210	2	212
Bon Air	260	186	2	187
Culpeper	156	120	1	122
Hanover	0	54	0	54
Oak Ridge Program	48	39	0	39
RDC	40	71	3	74
JCC Total	738	679	8	688
Abraxas House	10	3	0	3
Hampton Place	10	4	0	4
State Total	758	687	8	695

* Hanover JCC closed April 19, 2013. The Oak Ridge Program was moved to the Beaumont JCC campus on March 20, 2013, and RDC was relocated to the former Oak Ridge building on June 12, 2013.

* Capacities are determined on the last day of the FY. Hanover JCC and RDC have ADPs that exceed their capacities due to facility closure and relocation.

» 91.7% of total capacity was utilized in FY 2013.

Admission Demographics, FY 2011-2013

Demographics	2011	2012	2013
Race			
Black	65.3%	69.8%	65.1%
White	29.9%	26.2%	29.2%
Asian	0.7%	0.4%	0.5%
Other/Unknown	4.1%	3.7%	5.2%
Ethnicity			
Hispanic	5.0%	5.5%	5.2%
Non-Hispanic	23.5%	29.0%	34.6%
Unknown/Missing	71.5%	65.5%	60.1%
Sex			
Male	92.9%	91.7%	90.2%
Female	7.1%	8.3%	9.8%
Age			
Under 14	1.2%	1.8%	0.9%
14	4.4%	7.1%	6.4%
15	13.5%	17.0%	13.0%
16	30.4%	28.4%	23.0%
17	38.8%	36.5%	43.5%
18	10.3%	8.5%	11.4%
19-20	1.4%	0.6%	1.8%
Total Admissions	565	493	439

» 65.1% of admissions in FY 2013 were black juveniles, and 29.2% were white juveniles.

» 5.2% of admissions in FY 2013 were identified as Hispanic.

» Over half of admissions since FY 2011 were 16 or 17 years of age.

» The average age of juveniles admitted in FY 2013 was 16.9 years of age.

Admissions by Most Serious Committing Offense, FY 2013*

Most Serious Offense Severity	Determinate	Indeterminate	Total
DAI Ranking			
Felony			
Against Persons	86.1%	34.7%	44.0%
Weapons/Narcotics	0.0%	1.9%	1.6%
Other	13.9%	40.6%	35.8%
Class 1 Misdemeanor			
Against Persons	0.0%	6.7%	5.5%
Other	0.0%	8.9%	7.3%
Parole Violation	0.0%	7.2%	5.9%
Other	0.0%	0.0%	0.0%
VCSC Ranking			
Person	86.1%	41.4%	49.4%
Property	13.9%	47.2%	41.2%
Narcotics	0.0%	2.5%	2.1%
Other	0.0%	8.9%	7.3%
Total Admissions	79	360	439

* Data include offenses that occurred during a commitment and resulted in a subsequent commitment.

» Most serious offenses by DAI ranking:

» Felonies against persons were the highest percentage (86.1%) of admissions with a determinate commitment.

» Other felonies were the highest percentage (40.6%) of admissions with an indeterminate commitment.

» Felonies against persons were the highest percentage (44.0%) of admissions overall.

» Most serious offenses by VCSC ranking:

» Person offenses were the highest percentage (86.1%) of admissions with a determinate commitment.

» Property offenses were the highest percentage (47.2%) of admissions with an indeterminate commitment, followed by person offenses (41.4%).

» Person offenses were the highest percentage of admissions overall (49.4%), followed by property offenses (41.2%).



Admissions by Most Serious Committing Offense Category, FY 2013*

Most Serious Offense Category	Determinate Felony	Felony	Indeterminate Misd.	Total	Felony	Overall Misd.	Total
Alcohol	N/A	N/A	3.6%	0.6%	N/A	3.6%	0.5%
Arson	0.0%	1.4%	0.0%	1.1%	1.1%	0.0%	0.9%
Assault	5.1%	9.0%	39.3%	13.1%	8.1%	39.3%	11.6%
Burglary	10.1%	28.8%	N/A	22.2%	24.6%	N/A	20.0%
Disorderly Conduct	N/A	N/A	1.8%	0.3%	N/A	1.8%	0.2%
Extortion	0.0%	0.7%	1.8%	0.8%	0.6%	1.8%	0.7%
Fraud	0.0%	1.4%	0.0%	1.1%	1.1%	0.0%	0.9%
Gangs	0.0%	0.4%	0.0%	0.3%	0.3%	0.0%	0.2%
Kidnapping	2.5%	0.7%	0.0%	0.6%	1.1%	0.0%	0.9%
Larceny	3.8%	22.3%	32.1%	22.2%	18.2%	32.1%	18.9%
Murder	3.8%	0.7%	N/A	0.6%	1.4%	N/A	1.1%
Narcotics	0.0%	2.5%	1.8%	2.2%	2.0%	1.8%	1.8%
Obstruction of Justice	0.0%	0.0%	1.8%	0.3%	0.0%	1.8%	0.2%
Parole Violation	0.0%	0.0%	0.0%	7.2%	0.0%	0.0%	5.9%
Robbery	65.8%	18.0%	N/A	13.9%	28.6%	N/A	23.2%
Sexual Abuse	8.9%	9.7%	0.0%	7.5%	9.5%	0.0%	7.7%
Traffic	0.0%	1.8%	0.0%	1.4%	1.4%	0.0%	1.1%
Trespassing	0.0%	0.0%	1.8%	0.3%	0.0%	1.8%	0.2%
Vandalism	0.0%	1.8%	14.3%	3.6%	1.4%	14.3%	3.0%
Weapons	0.0%	0.0%	1.8%	0.3%	0.0%	1.8%	0.2%
Misc./Other	0.0%	0.7%	0.0%	0.6%	0.6%	0.0%	0.5%
Total Admissions	79	278	56	360	357	56	439

* Data include offenses that occurred during a commitment and resulted in a subsequent recommitment.

* Determinate commitments can only be for felony offenses. Nine blended sentences are included with determinate commitments.

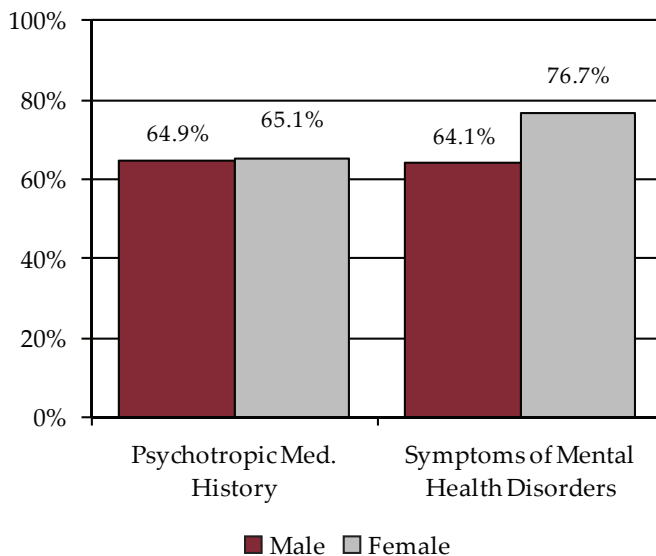
* Total indeterminate and overall admissions include felonies, misdemeanors, and other offenses; therefore, the sum of felony and misdemeanor counts may not add to total count. The only "other" offenses were 26 indeterminate admissions for parole violations.

- » 18.0% of all admissions were determinate commitments; 82.0% were indeterminate commitments.
- » Robbery was the most serious offense category with the highest percentage of offenses that resulted in a determinate commitment.
- » 77.2% of most serious offenses that resulted in indeterminate commitments were felonies; 15.6% were misdemeanors.
- » Burglary was the most serious offense category with the highest percentage of felonies that resulted in an indeterminate commitment.
- » Assault was the most serious offense category with the highest percentage of misdemeanors that resulted in an indeterminate commitment.
- » Robbery was the most serious offense category with the highest percentage of all felonies.
- » Assault was the most serious offense category with the highest percentage of all misdemeanors.

If a juvenile has a determinate commitment, his or her LOS is decided by the court. A juvenile with an indeterminate commitment has an LOS that is calculated by DJJ using the LOS Guidelines. (See Appendix G.)



Admissions by Psychotropic Medication History and Symptoms of Mental Health Disorders, FY 2013*



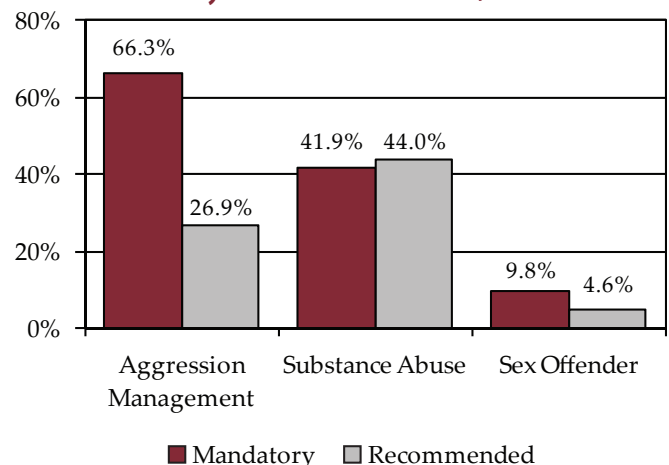
* Data include juveniles who appear to have significant symptoms of a mental health disorder, according to diagnostic criteria in the DSM-IV. ADHD, CD, ODD, Substance Abuse Disorder, and Substance Dependence Disorder are not included.

- » The majority of juveniles had a history of psychotropic medication use (64.9%) and appeared to have significant symptoms of a mental health disorder, excluding those disorders listed above (65.4%).
- » A higher percentage of females than males had a history of psychotropic medication use and appeared to have significant symptoms of a mental health disorder.
- » 93.6% of juveniles appeared to have significant symptoms of ADHD, CD, ODD, Substance Abuse Disorder, or Substance Dependence Disorder.
 - › More females (95.3%) than males (93.4%) appeared to have significant symptoms of ADHD, CD, ODD, Substance Abuse Disorder, or Substance Dependence Disorder.
- » 80.6% of juveniles had a mental health treatment need. Mental health is not a mandatory or recommended treatment need that can affect LOS.

The majority of juveniles appear to have significant symptoms of a mental health disorder.

Juveniles assigned mandatory treatment needs may be held until their statutory release date (36 continuous months or 21st birthday) if they do not complete the mandatory treatment. Juveniles assigned recommended treatment needs may be held until their LRD if they do not complete the recommended treatment. Sex offender treatment can have the greatest impact on the juvenile's LOS due to the length of the program.

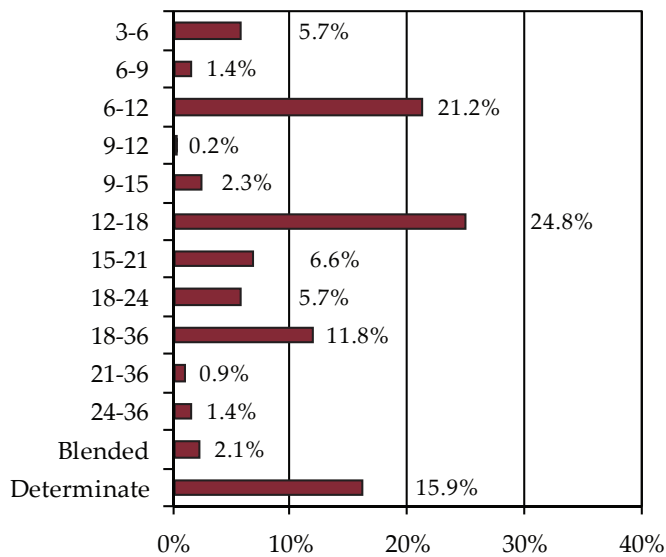
Admissions by Treatment Needs, FY 2013



- » 93.2% of admissions had an aggression management treatment need. 66.3% of admissions had a mandatory treatment need.
- » 85.9% of admissions had a substance abuse treatment need. 41.9% of admissions had a mandatory treatment need.
- » 14.4% of admissions had a sex offender treatment need. 9.8% of admissions had a mandatory treatment need.



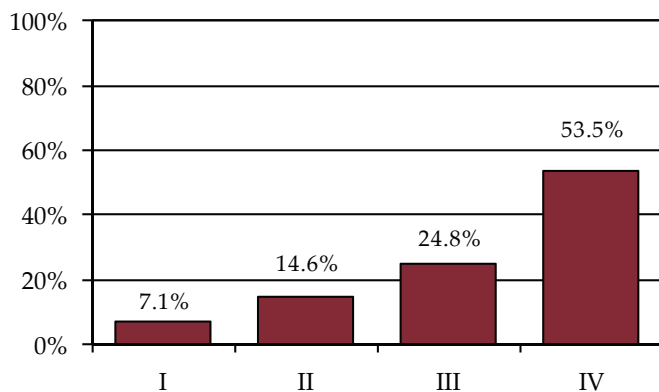
Admissions by Assigned LOS (Months), FY 2013*



* Juveniles with multiple commitments for a single admission are counted once. The longest blended or determinate assigned LOS was selected, even if an indeterminate commitment assigned LOS was longer. If the juvenile had only indeterminate commitments, the longest LOS category was selected.

- » 82.0% of admissions were for indeterminate commitments.
- » Approximately half (48.5%) of admissions had an indeterminate assigned LOS between 6-12 months and 12-18 months.
- » 74.5% of admissions were committed by a J&DR court, 15.7% by a circuit court, and 9.8% by a J&DR court with the commitment upheld in circuit court on appeal.

Admissions by Initial Custody Classification Level, FY 2013



* Data are not comparable to reports prior to FY 2012 due to changes in the custody classification scoring.

- » Over half (53.5%) of JCC admissions in FY 2013 had an initial custody classification level of IV.

Releases by Average Actual LOS (Months), FY 2013*

Assigned LOS Category	Average Actual LOS	Releases	% of All Releases
3-6 months	7.3	26	5.1%
6-9 months	9.9	4	0.8%
6-12 months	7.9	80	15.8%
9-12 months	11.5	1	0.2%
9-15 months	9.3	8	1.6%
12-18 months	14.4	130	25.7%
15-21 months	14.4	30	5.9%
18-24 months	17.9	36	7.1%
18-36 months	25.2	62	12.3%
21-36 months	23.2	7	1.4%
24-36 months	27.0	10	2.0%
Total Indeterminate	15.1	396	78.3%
Blended	30.1	32	6.3%
Determinate	30.6	78	15.4%

* Juveniles with multiple commitments for a single admission are counted once. The longest blended or determinate assigned LOS was selected, even if an indeterminate commitment assigned LOS was longer. If the juvenile had only indeterminate commitments, the longest LOS category was selected.

* Two juveniles had subsequent recommitments with an LOS category exceeding 36 months.

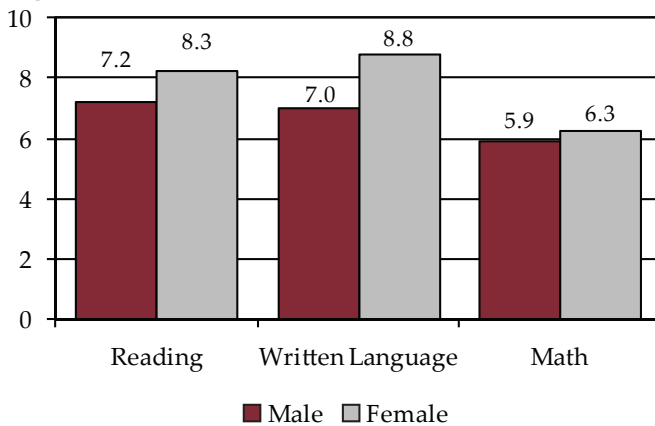
- » The average actual LOS for all juveniles, regardless of their commitment type, was 18.4 months.
- » Indeterminately committed juveniles comprised 78.3% of FY 2013 releases, and their average actual LOS was 15.1 months.
- » Juveniles determinately committed comprised 15.4% of FY 2013 releases, and their average actual LOS was 30.6 months.
- » 25.7% of FY 2013 releases had an assigned LOS of 12-18 months, and their average actual LOS was 14.4 months.
- » The average age of juveniles released in FY 2013 was 18.3 years of age.

The assigned LOS for an indeterminate commitment is a range of time (e.g., 6-12 months). The first number in the range represents the juvenile's ERD, and the second number represents the juvenile's LRD.



Division of Education

RDC Educational Evaluations by Grade-Equivalent Score, FY 2013*

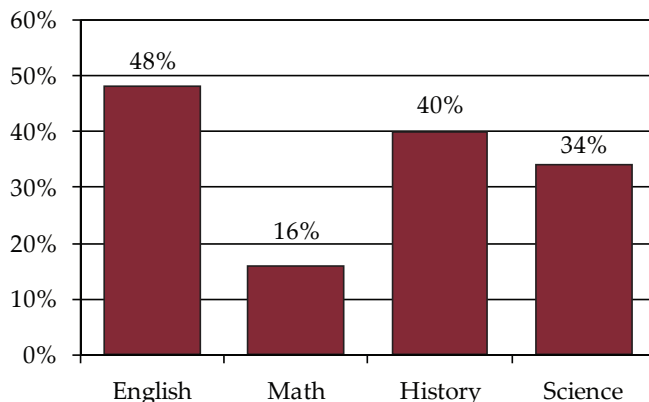


* Grade-equivalent scores were determined by the Woodcock-Johnson III. Juveniles with a high school diploma, GED, or recent testing scores are not tested at RDC admission. Grade-equivalent scores appear approximately one-half grade levels lower than reports prior to FY 2012 due to changes in data retrieval procedures. "Written Language" scores were previously reported as "Writing" scores.

* Canceled, rescinded, and successfully appealed commitments are not included.

- » Females tested at least one grade level higher than males in reading and written language.
- » Males and females tested approximately the same in math.

SOL Pass Rates, FY 2013*

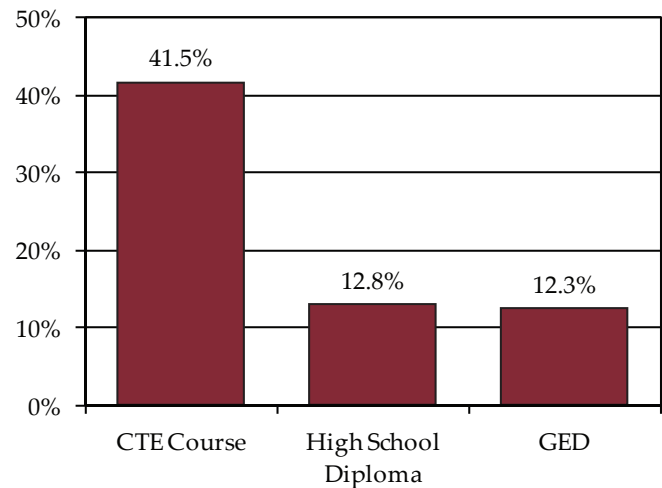


* SOL pass rates account for all juveniles who took an SOL test during the Summer 2012, Fall 2012, and Spring 2013 testing periods. Juveniles who re-tested were not double-counted in the rate. If a juvenile fails the initial test and passes a re-test, he or she is counted as one pass.

* English includes both the reading and writing tests.

- » Juveniles had the highest pass rate (48%) on the SOL English tests and the lowest pass rate (16%) on the SOL math tests.
- » Pass rates for the SOL history and science tests were between 30% and 40%.

JCC Releases by Educational Attainment during Commitment, FY 2013*



* In order to successfully complete a CTE course, a juvenile must complete 80% of the course, have a passing grade, and complete required seat time.

- » The GED test is administered by section, and in order to earn the credential, all five sections must be passed. In FY 2013, 83.1% of all administered sections were passed.
- » 41.5% of releases in FY 2013 completed a CTE course.
- » Roughly the same percentage of FY 2013 JCC releases earned high school diplomas or GEDs during their stay at the JCC.

High School Diplomas and GEDs Earned in FY 2013 by Facility*

Facility	GEDs Earned	Diplomas Earned
Beaumont JCC	16	46
Bon Air JCC	9	9
Culpeper JCC	18	7
<i>Total</i>	43	62

* Due to the ages of juveniles housed at the facilities, Culpeper JCC and Bon Air JCC have lower numbers of juveniles who earn diplomas and GEDs. Juveniles at Bon Air are typically younger than high school graduation age while juveniles at Culpeper are typically older than high school graduation age.

- » Beaumont JCC had the most juveniles (46) who earned high school diplomas during FY 2013.
- » Culpeper JCC had the most juveniles (18) who earned GEDs during FY 2013.
- » 72.6% of all high school diplomas earned in FY 2013 were earned by juveniles who graduated with their 9th grade cohort (within four years of beginning ninth grade). In addition, one juvenile who had already earned a modified diploma with his cohort before admission to RDC earned a standard diploma in a JCC in FY 2013 as a non-cohort graduate.



